

**Mayview Steering Committee  
Meeting Summary  
October 15, 2010**

**Members Present:** Dee Burgess, Tim Casey, Mary Jo Dickson, Lea Ann Gerkin, Darryl Holts, Carol Horowitz, Matt Koren, Carol Loy, Karyl Merchant, Chris Michaels, Brandi Mauck Phillips, Rick Rach, Carol Rico, Jan Taper, Kathi Thomas, Pat Valentine, Val Vicari, Deb Wasilchak, Kimberly Welsh

**Members Absent:** Karen Bennett, John Carran, Jenna Cawthorne, Laverne Cichon, Mary Fleming, Mary Jo Patrick-Hatfield, Nancy Jaquette, Ray Jaquette, Austin Lee, Dave McAdoo, Donna McCurdy, Edna McCutcheon, Gerard Mike, Jules Rosen, Shirlee Hopper Scherch, Wes Sowers, Ken Thompson, Pat Tickle, Joe Venasco, Dean Virgili

**Others Present:** Betty Gaul, Southwest Behavioral Health Management; Katie Greeno, University of Pittsburgh School of Social Work; Angela Harris, Torrance State Hospital; Lisa McCoy, Beaver County Behavioral Health

**1. Review of Minutes from August Meeting**

Several changes were identified for the August meeting minutes: 1) Update Steering Committee attendees to reflect current membership, 2) Carol Rico was listed as both present and absent, 3) Add note to paragraph on page one regarding the request that additional members in the behavioral health field be added to the Governor's Advisory Committee. The request was specifically for consumers and family members.

The revised minutes will be posted to the MRSAP website.

**2. State Updates**

Val Vicari gave the following State updates:

State Budget

The county allocation letters have been sent. There was a total of \$5.4 million reduction to the mental health appropriation. The county impact is 1.9% (\$2.3 million) to the mental health allocation. OMHSAS will absorb the remaining cuts internally. Also note that the reduction of \$14 million in state budget for HealthChoices is for physical, not behavioral health.

No movement was reported on the Marcellus Shale surcharge tax.

Healthcare Reform

The PA Fair Care program started on July 1, 2010. This is the program that was started to meet the requirements of the development of the high risk pool. The program has a \$1,000 deductible and an 80/20 payment responsibility up to annually \$5,000. A new group focusing on health homes and the insurance exchange has been established, headed by Ivonne Bucher.

Bulletins and Guidelines

- Appendix L: Fifty pages of feedback have been received. An update will be provided via CSTAP representatives.

- RTF and Psychiatric Rehabilitation regulations: The Commonwealth review process continues. The document has been through the Governor's Office for review and is currently at the Attorney General's Office for review. Regulations were published in the bulletin on October 23; comments are due by November 22, 2010.
- CHIPP bulletin: Will be forthcoming for review of accurate content and clarification.
- Root Cause Analysis (RCA) Guidelines: There have been challenges with the language; the guidelines will be forthcoming for review.
- Involuntary Outpatient Commitment: Bulletin out for comment. There have been some issues with the distribution.

#### Land Transfer

The bill that included Mayview property passed in the House at the beginning of October; no action yet by Senate. State will have responsibility for maintaining property for 90 days after Governor signs bill. The bill proposed by Rep. Frankel is essentially dead – the State must pay off debt first before any proceeds from the sale can be contributed to a MH fund, and the debt far exceeds revenues from the sale.

#### Other updates:

- Consolidation of Torrance and Warren Regional Forensic Services: The consolidation continues with the completion by the end of October.
- County Plan Feedback: The review of the county plans has been completed. An approval letter with feedback for the county plans will be forthcoming.
- County Personal Care Home Policy: The revised county policies that have been submitted will be approved. If there is further clarification or technical assistance required by the counties, contact your team leader for assistance.  
Allentown State Hospital: Census is 55. Closure is set for December 31, 2010.  
Residential placements have been found for all.

Val added that State Operated Services would be finished on December 10 and thanked Kathi Thomas for her hard work and dedication as head of the Southwest Regional Division, as this would be her last meeting. She also thanked Rick Rach from Mercy Behavioral Health for their assistance with the smooth transition of services.

### **3. SOS Transition**

Kathi Thomas reported that the 44 staff remaining were receiving job offers and preparing for departure.

She then reviewed SOS status for the period of August 13 through October 8, 2010.

#### Monarch Springs LTSR:

- Census is 15; vacancies—0; admissions: 2. There were no discharges. All residents receive services from CTT and CST. Programming and work programs continue. Work program to be discontinued on November 19, 2010, in anticipation of MBH transition on December 10, 2010.

Specialized Small Homes:

- Bethel Park remains at full capacity with census of three and no admissions or discharges. MBH transition occurred as scheduled on October 1.
- Carnegie remains at full capacity with census of three. The residents express satisfaction with the home and continue to receive CTT/CST services. MBH transition scheduled to occur on November 1.

Community Support Team (CST) Summary Report:

- The CST accomplished 610 service events to 216 consumers in Allegheny, Beaver and Washington counties in August and September 2010. CST received 49 new requests for 47 consumers in August and September.
- The CST leader will continue to meet with County designees between SOS meetings at mutually-agreeable times.
- All remaining State Operated Staff will separate from state service on December 10, 2010. CST staff will continue with consumer encounters through December 8, 2010. They have begun discussing the termination of their services with the individual consumers. As requested at the August Steering Committee, names of consumers for whom it is most critical to continue services beyond December 10th were given to the appropriate counties.

Discussion followed regarding the continuation of the work program and Allegheny County's intention to continue spiritual supports with Father Hal once MBH takes over the State Operated Services. The Committee also discussed the increase in referrals and which services are most utilized (primarily spiritual supports).

Angela Harris from Torrance State Hospital provided an update on the individuals who were transferred to Torrance from Mayview. Ten of the original 21 individuals remain at Torrance given the recent discharge of one person to an LTSR in Allegheny County. One of the remaining 10 is expected to be discharged and is active in the CSP discharge planning process.

**4. IP Report and EAC Analysis**

Community Inpatient Utilization Report

Tim Casey reviewed the Community Inpatient Utilization Report from July 2006 – July 2010. The major findings indicate that inpatient admissions have slowly decreased over the period, and average length of stay has trended slightly upward.

The report details inpatient admissions by month for each county, with more variance occurring in the smaller counties. He noted that AHCI is working with Lawrence County to come to an agreement to continue their participation in the regional data warehouse so that it can continue to be represented along with the other MRSAP counties in regional reports such as IP Admissions. Currently, with Lawrence County's decision to discontinue their data feed to AHCI, September is the last month that includes Lawrence County data. Discussion ensued regarding Lawrence County's decision to not participate in the data feed to AHCI, citing HIPAA concerns.

The Committee discussed the importance of its role as a regional advocate and using our leverage to influence decisions that affect our region.

A question regarding the number of beds lost when Braddock Hospital closed led to a discussion on the total number of licensed psychiatric inpatient beds in the region, and how the numbers have changed from the closure of Mayview in December 2008 through 2010. Val Vacari agreed to send out totals on inpatient licensed beds for this period to the Committee.

#### IP Census

Tim reviewed the IP Census reports, which included percent occupied overall by month, by day and by facility. Committee members had difficulty discerning the colors on the last graph so he agreed to re-send the report with different markers.

Overall, the reporting hospitals showed available capacity, although the extent varied among hospitals, with occupancy rates ranging from 90% to below 80%. The Committee discussed potential differences in availability based on particular days of the week, or for specialty beds, including consumers with eating disorders, MR, co-occurring disorders, and geriatric care. AHCI will work on including these types of specialty beds in future reports.

Discussion ensued regarding efforts to increase hospital participation in the study. Carol Rico agreed to coordinate meetings with hospitals in Value Behavioral Health's region to encourage participation.

#### EAC Report

Tim reported that since 6/16/08, 193 individuals have been discharged from EAC with an average length of stay of 155.41 days. For those members currently in the program, as of 10/07/10, the average length of stay is 94.08 days. Overall, those admitted (241 people) experienced an average length of stay on the waiting list of 66.32 days.

Discussion followed regarding the process for referrals to EAC, time-frame for waiting list, and diversions from the waiting list to other residential programs.

### **5. EAC Analysis**

Tim reviewed the Extended Acute Care Length of Stay Outliers report. The first chart shows that 75% of discharges are associated with a length of stay less than 204 days and that there is more variability in stays longer than the median 112 days. The maximum length of stay for most people is expected to be around 180 days.

Barriers to discharge include:

- Lack of available aftercare housing (specifically LTSR and CRR)
- Lack of aftercare services located in consumer's preferred geographic area
- Complex clinical needs that sometimes take longer to resolve

He explained that extreme outliers are what drive the difference between median and average.

Discussion followed regarding the Acute Community Support Plan (ACSP) process and the number of available beds in relation to years of operation of Mercy and TRU.

Also discussed was the EAC review project, a joint effort by Allegheny County, Community Care Behavioral Health, and AHCI to more fully review and document EAC services in Allegheny

County. The goal is to collaborate with EAC programs to gain an in-depth understanding of program operations and services for quality improvement. Extensive interviews have been conducted with both units over the last two months, and issues discussed include solutions to the back door problem, restrictive vs. less restrictive settings, and indicators needed to determine what is most necessary in the service system.

#### **6. Regional Strategic Planning / Converting Resources to Develop Community-Based Programs**

Brandi Phillips led the discussion regarding conversion and utilization of other resources and regional strategic planning. Ideas and suggestions included:

- Ways to meet needs of special populations
- Other resources (HUD)
- Community mental health system as default pool for high-need populations
- Need to address cultural change, overuse of ER
- Difficulty of allocating finite pool of funding to competing resources
- Including co-occurring disorders as specialized service
- Opportunities for diversion – utilizing crisis services rather than ER
- Needing to make the community health system quick, fast, and meaningful for both physical and behavioral health, including access to services
- Utilizing single point of accountability (SPA)
- Need for individual crisis planning
- Prioritization of needs
- Funding opportunities, including CHIPP, SAMHSA transformation grant, 2<sup>nd</sup> Chance grant, Staunton Farm grant, and coordination of grant proposals and the challenges associated with shared grant writing efforts
- Possibility of building an application to facilitate grant proposals
- Opportunities brought about through healthcare reform
- Policy issues
- Partnerships with other regions and organizations
- The need to address confidentiality issues
- Increasing public awareness and addressing stigma
- The need to modify the State’s CHIPP policy to accommodate regions without a state hospital. For example, possibly using state funds to facilitate discharges from the EACs or LTSRs when resources are the barrier to discharge.

#### **7. Demonstration of Web Application for Updating CSP Documents**

The demonstration of web application for updating CSP documents was postponed until a later meeting due to time constraints.

#### **Other Items:**

##### University of Pittsburgh Study

Katie Greeno gave an update on the study being conducted by University of Pittsburgh School of Social Work on individuals discharged from Mayview. She reported that it is progressing well with 62 active participants and is currently at the 2-year mark. They have completed 200

standardized assessments. Overall, everyone is doing well; however, most of those who are not as stable are not participating in the study. An improved social life and supported employment have been identified as important needs.

She noted that one consumer who has done particularly well and works as a peer on a CTT team was recently married.

There being no further business, the meeting was adjourned. The next meeting will be held on Friday, December 17 from 9:00 a.m. – 12:00 p.m. at the **Airport Marriott**.